



State of New Hampshire

2016 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/04/2016
Business ID: 135827
William M. Gardner
Secretary of State

MSM BROTHERS INC.

510 MARTHAS WAY
DOVER, NH 03820

ENTITY TYPE: CORPORATION
BUSINESS ID: 135827
STATE OF DOMICILE: NEW HAMPSHIRE

DEAL IN REAL ESTATE

ADDRESS OF PRINCIPAL OFFICE:

510 Marthas Way
Dover, NH 03820

REGISTERED AGENT AND OFFICE:

Tsoi, Chi Shing
6 Boutillier Lane
North Hampton, NH 03862

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME CHEE MING CHOI
STREET 6 Boutillier LN
CITY/STATE/ZIP North Hampton, NH 03862
NAME CHI SHING TSOI
STREET 6 Boutillier LN
CITY/STATE/ZIP North Hampton, NH 03862
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME CHEE MING CHOI
STREET 6 Boutillier LN
CITY/STATE/ZIP North Hampton, NH 03862
NAME CHI SHING TSOI
STREET 6 Boutillier LN
CITY/STATE/ZIP North Hampton, NH 03862
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

CHI SHING TSOI

1 V.P

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FORM IS
PUBLIC DOCUMENT
REQUIRED INFORMATION



T1606855036

WILL BECOME A
LIC DISCLOSURE
I WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301